



UNITED STATES BANKRUPTCY COURT DISTRICT OF IDAHO (TWIN FALLS)		PROOF OF CLAIM
<b>Name of Debtor</b> Dayle A Dawson Eva H Dawson	<b>Case Number</b> 00-41381 <div style="font-size: 2em; margin-left: 20px;">13</div>	 00-41381  1469549  THIS SPACE IS FOR COURT USE ONLY
<b>NOTE:</b> This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503		
<b>Name of Creditor (The person or other entity to whom the debtor owes money or property):</b> Jerome County Treasurer <b>Name and Address where notices should be sent:</b> Jerome County Treasurer 300 N. Lincoln # 209 Jerome ID 83338  <b>Telephone Number:</b> 208-324-7594	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
<b>Account or other number by which creditor identifies debtor:</b> Pol # RPJ137006613AA	<b>Check here if</b> <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____	
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<b>2. Date debt was incurred:</b> 1/1/98 ACD 1/1/99		
<b>3. If court judgment, date obtained:</b>		
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ 2,091.68 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	<b>6. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).  <i>*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>	
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
<b>8. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
<b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
<b>Date</b> 10/19/00	<b>Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):</b> Mary Childers JEROME COUNTY TREASURER	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 1595 and 3571.

Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

## UNITED STATES BANKRUPTCY COURT

District of Idaho (Twin Falls)

**Notice of Chapter 13 Bankruptcy Case, Meeting of Creditors, & Deadlines**

The debtor(s) listed below filed a chapter 13 bankruptcy case on 8/18/00.

You may be a creditor of the debtor. **This notice lists important deadlines.** You may want to consult an attorney to protect your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below. NOTE: The staff of the bankruptcy clerk's office cannot give legal advice.

**See Reverse Side For Important Explanations.****Debtor(s) (name(s) and address):**

Dayle A Dawson

182 E 420 S  
Jerome, ID 83338Eva H Dawson  
Eva's Yard Care  
182 E 420 S  
Jerome, ID 83338-  
USA**Case Number:**

00-41381

**Social Security/Taxpayer ID Nos.:**480-28-8076  
518-56-7776**Attorney for Debtor(s) (name and address):**William H Mulberry  
POB 186  
Ririe, ID 83443

Telephone number: (208) 538-7760

**Bankruptcy Trustee (name and address):**L D Fitzgerald  
POB 6199  
Pocatello, ID 83205-6199

Telephone number: (208) 233-0500

**Meeting of Creditors:**

Date: 10/23/00

Time: 1:30 pm

Location: Jerome County Courthouse, 300 N Lincoln 2nd Fl, Jerome, ID 83338

**Deadlines:**Papers must be *received* by the bankruptcy clerk's office by the following deadlines:**Deadline to File a Proof of Claim:**

For all creditors (except a governmental unit): 01/21/01

For a governmental unit: 02/18/01

**Deadline to Object to Exemptions:**Thirty (30) days after the *conclusion* of the meeting of creditors.**Filing of Plan, Hearing on Confirmation of Plan**

The debtor has filed a plan. The plan or a summary of the plan is enclosed. The hearing on confirmation will be held:

Date: November 20, 2000

Time: 10:00 am

Location: 253 3rd Ave N, Twin Falls, ID 83303

**Creditors May Not Take Certain Actions:**

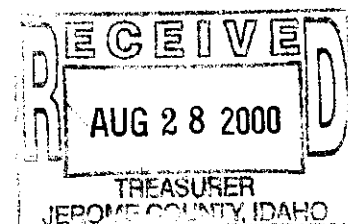
The filing of the bankruptcy case automatically stays certain collection and other actions against the debtor, debtor's property, and certain codebtors. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized.

**Address of the Bankruptcy Clerk's Office:**US Bankruptcy Court  
Cmputrizd Case Info(208)334-9386  
550 W Fort MSC 042  
Boise, ID 83724Telephone number: Computerized Case information: (208)  
334-9386/Web Site: [www.id.uscourts.gov](http://www.id.uscourts.gov)**Hours Open:**

8:00 a.m. to 5:00 p.m.

**For the Court:**Clerk of the Bankruptcy Court:  
Cameron Burke**Date:**

08/22/00



**TAX DUE INQUIRY****PARCEL NUMBER** RP J1370066013A A**INTEREST AS OF DATE** 8/18/2000**NAME** DAWSON, DAYLE A  
DAWSON, EVA H**LEGAL** LOTS 13 THRU 16, TAX 3 & 8  
BLOCK 66  
JEROME TOWNSITE  
100'X 165'  
(SE 13-8-16)**ADDR** 182 EAST 420 SOUTH

JEROME

ID 83338

<b>TAX KEY</b>	<b>YEAR</b>	<b>BILL#</b>	<b>TAX</b>	<b>LATE</b>	<b>INTEREST</b>	<b>COST</b>	<b>TOTAL</b>
RPJ1370066013AA	99 FH	1409	589.67	11.79	45.68		647.14
RPJ1370066013AA	99 SH	1409	589.67	11.79	45.68		647.14
RPJ1370066013AA	1998	1396	653.68	13.08	130.64		797.40

<b>TOTAL DUE</b>						<b>Bottom</b>
						2,091.68
<b>Enter=ReStart</b>	<b>F3=Exit</b>	<b>F7=PM Inq</b>	<b>F8=TM Inq</b>	<b>F9=Print Bill</b>	<b>F20=All Searches</b>	
<b>F15=Print Report</b>						